ILLINOIS SUMMARY SHEET

FORM RF-3

| Change in Company's premium or rate level produced by rate rev | ision effective July 1 | , 2010 | |
|---|---|-------------------------------------|----------|
| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or –)** | |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage | | | |
| Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft | 145 | | |
| 5. Glass JUL 0 1 2010 6. Fidelity | | | |
| 7. Surety STATE OF ILLINOIS 8. Boiler and Machinery DEPARTMENT OF INSURANCE 9. Fire SPRINGFIELD, ILLINOIS | | | |
| 10. Extended Coverage 11. Inland Marine 12. Homeowners | | | |
| 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation | \$201,181 | -21.5% | |
| 16. OtherLine of Insurance | | | |
| Does filing only apply to certain territory (territories) or certain cla | asses? If so, specify _N |) | |
| | | | |
| Brief description of filing (if filing follows rates of an advisory org | | | |
| the proposed loss cost multiplier of 1.450 (1.902 for F-classes) t | to the January 1, 2010 los | s costs published by the Nati | onal |
| Council on Compensation Insurance effective July 1, 2010 for new | ew and renewal policies. | The current AAIC rates are | pased on |
| the January 1, 2010 advisory loss costs. This filing is being sub | mitted to only reduce the | industrial LCM. | |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from app | lication of new rates. | | |

American Alternative Insurance Corporation

Name of Company

Kathryn Sine, Senior State Filing Analyst Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



JAN 0 1 2010

SUMMARY SHEET

Change in Company's premium or rate level produced by rateger STATE OF ILLINOIS

SPRINGFIELD, ILLINOIS

| - | (1) | (2) Annual Premium | (3) Percent |
|------------|--|--------------------------------|---------------------|
| _ | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| _ | Commercial | | |
| 2 | Automobile Physical Damag | | _ |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 1 . | Burglary and Theft | | |
| 5. | Glass | | |
| 3. | Fidelity | | |
| 7. | Surety | | |
| 3. | Boiler and Machinery | | |
| €. | Fire | | |
| 10. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | · | |
| 4. | Crop Hail | | |
| 5. | Other Workers Compensat | ion \$339,546 (est. | annual) -0.1% |
| | Life of Insurance | | |
| • | Does filing only apply to certain | n territory (territories) or o | certain |
| | Classes? If so, | - | |
| | specify: No. | | |
| | Brief description of filing. (If filiorganization, specify organization): Effective 1/1/2010. | Adopting NCCI A | Advisory Loss Costs |
| | ************************************** | 1 | N. A. I. I. |

American Mining Insurance Company Name of Company
Mike Carney, Assistant VP, Compliance Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or rai | te level produced by rate revision |
|------------------------------------|------------------------------------|
| effective July 10, 2010 | • |

| - | (1) | (2) Annual Premium | (3) Percent |
|-----|--|-------------------------------|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | | |
| 2 | Automobile Physical Damag | | |
| ۷. | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 3. | Fidelity | | |
| 7. | Surety | | |
| 3. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$19,181,945 | +6.1% |
| | Life of Insurance | | 750 |
| • | Does filing only apply to certa Classes? If so, specify: No, appl | in territory (territories) or | certain STATE OF ILLINOIS SPRINGFIELD, ILLINOIS dvisory |
| | Brief description of filing. (If f | iling follows rates of an ac | dvisory |
| | Organization, specify | - | |
| | organization): | | deviating from the National Council on |
| | Compensation Insurance (NCCI) 1/1/10 | | |
| | NCCI advisory rates. All other classes are | | rates. |
| | *Adjusted to reflect all prior ra **Change in Company's premates. | | t from application of new |
| | iaicə. | Auto-Owners Insur | ance Company |
| | | | me of Company |
| | | Jennifer L. Smith, A | • • |

APR 1 3 2010

Form (RF-3)

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET SPRINGFIELD

| | Change in Company's premium or re | ate level produced by rate revision effective | 8-1-10 |
|----------|--|--|---|
| | (1) | (2) | (3) |
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | केरि |
| 15. | Other Workers Compensation | 410.461 | |
| | Line of Insurance | 410,461 | +3.0 |
| Does fil | ling only apply to certain territory (ter | ritories) or certain classes? If so, specify: | , |
| * Adji | escription of filing. (If filing follows r mit for your review and approval a +3.0% osts, and Rating Values. In addition, we ar usted to reflect all prior rate changes. ange in Company's premium level which the from application of new rates. | ates of an advisory organization, specify organization overall rate increase. We are adopting NCCI's Jace revising our Loss Cost Multiplier from 1.963 to the characteristic of the control of the contro | anization): anuary 1, 2010 Advisory Rates, 2.038. |

FILED

AUG 0 1 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Harleysville Insurance Company
Name of Company

Ellen Tin

Eileen Fisher Senior State Filings Officia

H29219D

APR 1 3 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

| (| Change in | Company's premium or rate | level produced by rate revision effective | 8-1-10 |
|--------|-------------|--|--|------------------------------------|
| | | (1) | (2) Annual Premium | (3) Percent |
| | | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | | obile Liability e Passenger | | |
| 2. | Autom | obile Physical Damage e Passenger | | |
| 3. | Liabilit | y Other Than Auto | | |
| 4. | Burgla | y and Theft | | |
| 5. | Glass | | | |
| 6. | Fidelity | <i>'</i> | | |
| 7. | Surety | | | |
| 8. | | and Machinery | | |
| 9. | Fire | | | |
| 10. | Extend | ed Coverage | | |
| 11. | Inland | Marine | | |
| 12. | Homeo | wners | | |
| 13. | Commo | ercial Multi-Peril | | |
| 14. | Crop H | ail | | |
| 15. | Other | Workers Compensation Line of Insurance | 4,586,217 | +3.2 |
| Does f | iling only | apply to certain territory (ter | rritories) or certain classes? If so, specify: | |
| | | | | |
| Brief | description | n of filing. (If filing follows | rates of an advisory organization, specify of | organization): |
| We st | ıbmit for y | our review and approval a +3.29 | % overall rate increase. We are adopting NCCI are revising our Loss Cost Multiplier from 1.570 | 's January 1, 2010 Advisory Rates, |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



AUG 0 1 2010

DER FINDERANCE

Harleysville Lake States Insurance Company

Name of Company

Ellen Fisher

Eileen Fisher

Senior State Filings Analyst

APR 1 3 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

| Automol Private Comme Automol Private Comme Liability | oile Physical Damage Passenger | Annual Premium Volume (Illinois)* | <u>Change (+ or -)**</u> |
|--|--|-----------------------------------|--------------------------|
| Private Comme 2. Automol Private Comme 3. Liability 4. Burglary 5. Glass 6. Fidelity 7. Surety 8. Boiler an | Passenger Pricial Dile Physical Damage Passenger Pricial Other Than Auto | | |
| Automol Private Comme Liability Burglary Glass Fidelity Surety Boiler at | oile Physical Damage Passenger ercial Other Than Auto | | |
| Private Comme 3. Liability 4. Burglary 5. Glass 6. Fidelity 7. Surety 8. Boiler an | Passenger ercial Other Than Auto | | |
| Liability Burglary Glass Fidelity Surety Boiler at | Other Than Auto | | |
| Burglary Glass Fidelity Surety Boiler at | | | |
| Glass Fidelity Surety Boiler ar | and Their | | |
| 6. Fidelity7. Surety8. Boiler ar | | | |
| 7. Surety8. Boiler ar | | | |
| 8. Boiler an | | | |
| | nd Machinery | | |
| | id widenmery | | |
| | d Coverage | | |
| 11. Inland M | _ | | |
| 12. Homeow | | 3 - | |
| | cial Multi-Peril | | |
| 14. Crop Ha | i i | | |
| • | Workers Compensation Line of Insurance | 46,303 | +2.7 |

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILED

AUG 0 1 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Harleysville Mutual Insurance Company

Name of Company

Eileen Fisher Senior State Filings Analyst Official - Title

APR 1 3 2010

FILED

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

SPRINGFIELD

Form (RF-3)

AUG 0 1 2010

SUMMARY SHEET

| 1 | Change in Company's premium STATE DEPARTMEN | OF ILLINOIS IT OF INSURANCE te revision effective | 8-1-10 |
|--------|---|---|------------------------------------|
| | SPRINGI | FIELD, ILLINOIS (2) | (3) |
| | (1) | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | _ |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | - |
| 12. | Homeowners | · | 14 dê g |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 146,626 | +3.2 |
| | Line of Insurance | | |
| Does f | filing only apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| We si | ubmit for your review and approval a +3.2% | rates of an advisory organization, specify of overall rate increase. We are adopting NCCI re revising our Loss Cost Multiplier from 1.250 | 's January 1, 2010 Advisory Rates, |
| ** C | djusted to reflect all prior rate changes. hange in Company's premium level whealt from application of new rates. | | |

Harleysville Preferred Insurance Company

Name of Company

Eileen Fisher

Senior State Filings Analyst

APR 1 3 2010

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

SUMMARY SHEET SPRINGFIELD

Form (RF-3)

| | (1) | (2). Annual Premium | (3) Percent Change (+ or)** |
|-------|---|---|--|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | The state of the s |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 10,567 | -5.1 |
| | Line of Insurance | | |
| | | | |
| oes f | filing only apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| | | | |
| | | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Loss Costs, and Rating Values. In addition, we are revising our Loss Cost Multiplier from 1.570 to 1.630.

AUG 0 1 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Harleysville Worcester Insurance Company

Name of Company

Eilen dialer

Eileen Fisher

Senior State Filings Analyst

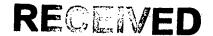
Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | ate level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective July 10, 2010 | |

| - | (1) | (2) Annual Premium | (3) Percent |
|-----|---|---|--|
| 1. | Coverage Automobile Liability Private | Volume (Illinois) * | Change (+or-) ** |
| ١. | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | 7 ********************************* | |
| _ | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | • | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | *************************************** | |
| 15. | Other Workers Compensation | \$28,862,162 | +6.76 |
| | Life of Insurance | | LEN |
| • | Does filing only apply to certain Classes? If so, | in territory (territories) or (| certain _u , |
| | Classes? If so. | , , (, , , , , | JUL 1 0 2010 |
| | specify: No, appli | es to all classes. | STATE |
| | Brief description of filing. (If fi | 35 | PARTMENT OF ILLINOIS |
| | Brief description of filing. (If fi | ling follows rates of an ac | IVISORY FIELD, ILL INSURANCE |
| | Organization, opcomy | | |
| | organization): | | deviating from the National Council on |
| | Compensation Insurance (NCCI) 1/1/10 ra | | |
| | NCCI advisory rates. All other classes are | | rates. |
| | *Adjusted to reflect all prior ra **Change in Company's prem | | from application of new |
| | rates. | ium level which will lesun | nom application of new |
| | , 4,03. | Owners Insurance | Company |
| | | | ne of Company |
| | | Jennifer L. Smith, As | • • |



APR - 5 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

| Change in Company's premiu revision effective 7/1/201 | m or rate level produced .0 | by rate |
|---|---|-------------------------------|
| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| | volume (IIIIIOIS) | change (+ OI =) |
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | , | |
| 15. Other Workers Compensation Line of Insurance | 3,642,136 | +7.8% |
| Does filing only apply to certain If so, specify: no | territory (territories) | or certain classes? |
| Brief description of filing. (If organization) | | an advisory |
| 1-1-2010 Advisory Rates with class | s deviations and a flat | deviation as listed on |
| the attachment. | | |
| * Adjusted to reflect all prior i ** Change in Company's premium lev result from application of new | vel which will | JUL 0 1 2010 |
| | Sentry Select Insura | |
| | Name of Comp | any |
| | | |
| | | |
| Jai | nel Danczyk, Compliance/Dev | elopment Sr Analyst |
| | Official - Ti | |

SUMMARY SHEET

| | revision effectiv | September 1, 2010 | |
|----------------|---|--|---------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Commercial Liability Other Thar Burglary and Theft | | |
| 4. | | | |
| 5. | Glass SEP 0 | 1 2010 — | |
| 6. - | 1 1001119 | | |
| 7. | Surety Boiler and Machinery STATE OF | ILLINOIS — | |
| 8. | Boiler and Machinery STATE OF | OF INSURANCE LD, ILLINOIS | |
| 9. | Fire DEPARTMENT | LD, ILLINOIS | |
| 10. | Exteriada dororago | | |
| 11. | Inland Marine | | |
| 12. 13. | Homeowners Commercial Multi-Peril | | |
| 13. 14. | Crop Hail | | |
| 14. 15. | Other 16.0 - Workers Compens | sation \$2,750,43 | 9.30% |
| | Line of Insurance | | |
| | s Filing only apply to certain territor | ry (territories) or certain | |
| | s Filing only apply to certain territor | ry (territories) or certain | |
| clas | s Filing only apply to certain territor ses? If so, specify: No | | |
| Clas: | s Filing only apply to certain territor | | Revision Filing |
| Clas: | s Filing only apply to certain territor ses? If so, specify: No description of filing. (If filing follow | ws rates of an advisory | Revision Filing |
| clas: Brief | s Filing only apply to certain territor ses? If so, specify: No description of filing. (If filing follow | ws rates of an advisory | Revision Filing |
| Clas: | s Filing only apply to certain territor ses? If so, specify: No description of filing. (If filing follow | ws rates of an advisory | Revision Filing |
| clas: Brief | s Filing only apply to certain territor ses? If so, specify: No description of filing. (If filing follow | ws rates of an advisory | Revision Filing |
| clas: Brief | s Filing only apply to certain territor ses? If so, specify: No description of filing. (If filing follow | ws rates of an advisory | Revision Filing |
| Brief orga | s Filing only apply to certain territor ses? If so, specify: No description of filing. (If filing follow | ws rates of an advisory Workers Compensation LCM R | Revision Filing |
| Brief orga | s Filing only apply to certain territor ses? If so, specify: Mo description of filing. (If filing follow nization, specify organization): | ws rates of an advisory Workers Compensation LCM F | Revision Filing |
| Brief orga | s Filing only apply to certain territor ses? If so, specify: No description of filing. (If filing follow nization, specify organization): Adjusted to reflect all prior rate ch | ws rates of an advisory Workers Compensation LCM F hanges. evel which will | Revision Filing |
| Brief orga | s Filing only apply to certain territor ses? If so, specify: Mo description of filing. (If filing follow nization, specify organization): Adjusted to reflect all prior rate check the Change in Company's premium lesses. | ws rates of an advisory Workers Compensation LCM F hanges. evel which will es. | |
| Brief orga | s Filing only apply to certain territor ses? If so, specify: Mo description of filing. (If filing follow nization, specify organization): Adjusted to reflect all prior rate check the Change in Company's premium lesses. | ws rates of an advisory Workers Compensation LCM F hanges. evel which will es. SPARTA In | surance Company |
| Brief orga | s Filing only apply to certain territor ses? If so, specify: Mo description of filing. (If filing follow nization, specify organization): Adjusted to reflect all prior rate check the Change in Company's premium lesses. | ws rates of an advisory Workers Compensation LCM F hanges. evel which will es. SPARTA In | |
| Brief orga | s Filing only apply to certain territor ses? If so, specify: Mo description of filing. (If filing follow nization, specify organization): Adjusted to reflect all prior rate check the Change in Company's premium lesses. | ws rates of an advisory Workers Compensation LCM F hanges. evel which will es. SPARTA In Name | surance Company |

SUBCHAPTER I
FILED

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

APR 0 8 2010

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
Change in Company's premium or rate level produced by rate reverning field, Illinois

| (1) April 8, 201 | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---------------------------------------|-------------------------------|
| coverage | 70701112 | 51141192 1 51 |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | ************* |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | · |
| Inland Marine | | • |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers Comp. | 2,000,000 | -16* |
| Life of Insurance | | |
| Does filing only apply to cer classes? If so, specify: N Brief description of filing. organization, specify, organiz | (If filing follows rat | |